VACANT COMMERCIAL APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. Do you have more than one vacant location to insure? Yes ☐ No ☐

2. In which state is the property to be insured: _____

3. Please confirm the type of property to be insured: Residential ☐ Commercial ☐ Farm ☐ Other ☐

4. Please enter the period the property has been vacant: 0-6 Months ☐ 7-24 Months ☐ 25+ Months ☐

5. Has the property to be insured been continually covered by a property insurance policy, without any lapse or interruption of coverage, since becoming vacant? Yes ☐ No ☐

6. Is the building(s) to be insured secured against unauthorized entry? Yes ☐ No ☐

7. Has the applicant had any policy of property insurance cancelled or non-renewed in the past (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.): Yes ☐ No ☐

If the answer above is Yes, were they for any of the following reasons only:

- Insurer no longer writing class of business?
- Insurer no longer writing class of business in territory?
- Risk no longer qualifying for an Admitted Carrier program?
- Loss History?

Yes ☐ No ☐

8. Have there been more than three (3) losses, claims or circumstances, OR one (1) loss, claim or circumstance exceeding $25,000, at the property to be insured or any other property owned/rented by applicant in the past three (3)years, excluding natural catastrophe events?

9. Is there an open or unresolved loss, claim or circumstance involving the property to be insured?

10. Has the applicant ever been involved in any bankruptcy proceeding, or convicted of arson or insurance fraud?

Yes ☐ No ☐

11. Is the property subject to any mortgage foreclosure proceedings, tax liens or tax delinquencies?

12. Was the property to be insured previously occupied as a hotel, motel, church, golf club, or school?

13. Has the property to be insured been condemned or is it scheduled for demolition?

14. Are there any evictions taking place or scheduled to take place at the property to be insured?

15. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places?

16. Is there wood shake roofing on any of the property to be insured?

17. Is the property or properties located in a landslide, forest fire or brush fire area (with less than 200 feet brush clearance)?

18. Existing structural damage to building(s) to be insured?

19. Is the property to be insured subject to more than two mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution?

20. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes ☐ No ☐

If the answer above is "yes" please answer the following question

21. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed $400,000; or(ii) involve structural work or structural repairs being performed by any person? Yes ☐ No ☐

22. Is the property a community association entity -- such as a homeowners, co-operative or condominium association, or its board of directors -- of four or more units? Yes ☐ No ☐

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

_____ State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

_____ State _____ Zip code _____

Name and Address of Retail Broker: _____

_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

23. Period of Insurance: 3 Months ☐ 6 Months ☐ 9 Months ☐ Annual ☐ **24.** Enter Protection Class: _____

25. Total sq footage of building to be insured including outbuildings: _____

26. Is Vacant Condominium Unit Owners Coverage required? Yes☐ No☐ **27.** Basis Of Loss Settlement: ACV ☐ RCV ☐

28. Value of Building:(Total value of Main Building excluding Other Structure(s)):_____

29. Construction Type: Frame☐ Joisted Masonry☐ Non Combustible☐ Masonry Non Combustible☐ Modified Fire Resistive☐ Fire Resistive ☐

30. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-35 Years☐ 36-50 Years☐ Over 50 Years☐

31. When was the roof last replaced? 0-25 Years ☐ 26-50 Years ☐ Over 50 Years ☐ **32.** Would you like to apply a roof exclusion? Yes ☐ No ☐

33. Basis of Loss Settlement for the roof: ACV ☐ RCV ☐ **34.** Would you like to apply a Cosmetic roof exclusion? Yes ☐ No☐ **35.** Number of Floors : ____

36. Are there any other Structures to be insured? Yes ☐ No☐ **36a.** Value of Other Structure(s): _____

36b. Please provide a brief description of the other structure: _____ **37.** Do you require business personal property cover? Yes ☐ No ☐

37a. Value of business personal property to be insured: _____ **38.**Type of Quote: Basic ☐ Special ☐

39. Wind and Hail Deductible per occurrence: $1,000 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000 ☐ $15,000☐ $25,000 ☐

40. All Other Perils Deductible (excluding Wind Peril) $1,000 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000 ☐ $15,000☐ $25,000 ☐

41. Do you wish to buy coverage for Theft of Building Materials? Yes ☐ No ☐ **42.** Do you wish to purchase? Yes ☐ No ☐

43. Is Vandalism cover required? Yes ☐ No ☐ **44.** Is Sprinkle leakage cover required? Yes ☐ No ☐ **45.** Is TRIA coverage required? Yes ☐ No ☐

46. Renovation or Construction Work Project Costs: _____

47. Description of Renovation or Construction Work: _____

_____

48. Is Work being undertaken by a Contractor? Yes ☐ No ☐ **49.** What Per Occurrence CGL Limit is carried by the Contractor? 300k ☐ 500k ☐ 1m ☐

50. Premises Liability: Yes ☐ No ☐ **51.** Premises Liability Limits: $100,000/200,000 ☐ $300,000/600,000☐ $500,000/1,000,000 ☐ $1,000,000/2,000,000☐

52. Is there a parking lot at the property to be insured? Yes ☐ No ☐ **53.** Enter whether it is fenced and posted (No Trespassing): Yes ☐ No ☐

54. Would you like to offer a building Theft Sublimit? No☐ $5,000 ☐ $10,000 ☐ $25,000 ☐

55. Please select a Theft Deductible $1,000 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000☐ $15,000☐ $25,000 ☐

56. Would you like to apply Water Damage Exclusion? Yes ☐ No ☐

57. Please select a Water Damage Sublimit Option: Full Limit ☐ $5,000☐ $10,000 ☐ $15,000 ☐ $25,000 ☐

58. Please select a Water Damage Deductible: $1,000 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐

59. How often is the building to be insured inspected by the applicant or the applicant's representative?

Daily ☐ Weekly ☐ Monthly ☐ Other ☐

60. Which Utilities are operational:

Electricity only ☐ Water only ☐ Electricity & Water ☐ None ☐

61. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes ☐ No ☐

COVERAGE AND PROPERTY DETAILS(continue)

62. Prior use of building to be insured when last occupied? _____

63. Have there been any insured or uninsured losses or claims at the property to be insured?Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:

_____

_____

64.Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____

_____

65. If required, please enter below details of Additional Insured: _____

_____

66. Is there a parking lot at the property to be insured? Yes ☐ No ☐ **66.** If yes, is it fenced and posted? Yes ☐ No ☐

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____